0105

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00082

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Anna Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie X
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 First Ave Marley Park, X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marley Park X Glen Burnie
STREET ADDRESS (If rural give location) 101 First Avenue

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) William Edward Bartlett

4. DATE OF DEATH: (Month) (Day) (Year) 1 15 1954

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept. 21, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Carpenter & Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Employed
11. BIRTHPLACE (State or foreign country): Talbot County
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: William E Bartlett, Sr.
14. MOTHER'S MAIDEN NAME: Sarah Jane Rathell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212-12-3817
17. INFORMANT & ADDRESS: Roland K. Bartlett, Glen Burnie

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952 to Jan, 1954, that I last saw the deceased alive on 1-15-, 1954, and that death occurred at 11 A.M., from the causes and on the date stated above.
SIGNATURE C B MacDonald (Degree or title) Md. ADDRESS Glen Burnie Md DATE SIGNED 1-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Jan 19, 1954 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) (State) Easton, Md
DATE REC'D BY LOCAL REGISTRAR 1/16/54 1/20/54 REGISTRAR'S SIGNATURE (N. H. Nevreux) Registrar - L. J. Dalba
24. FUNERAL DIRECTOR Ralph Clark ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 21 1954
BUREAU V. S.

0081

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00083

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS 10
LENGTH OF STAY (in this place) 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL 50

2. USUAL RESIDENCE (HOME) OF DECEASED: ANNE
STATE MARYLAND COUNTY ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS 10
STREET ADDRESS (If rural give location) 102 MELVIN AVENUE

3. NAME OF DECEASED: (Type or Print) (First) Keith (Middle) Roger (Last) BELCH

4. DATE OF DEATH: (Month) JANUARY (Day) 2 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: CAUCASIAN

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 11 NOV 1897

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Officer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. NAVY

11. BIRTHPLACE (State or foreign country): WASHINGTON

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herbert James BELCH

14. MOTHER'S MAIDEN NAME: Lydia TOZER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII

16. SOCIAL SECURITY No.: - - -

17. INFORMANT & ADDRESS: Hospital records: USNH, Annapolis, Md.

2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) AORTIC VALVE REGURGITATION 421.1 — Interval Between Onset And Death: 10 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) AORTIC ANEURYSM, NON-SYPHILITIC 451 — 10 yrs

DUE TO

(c) ARTERIOSCLEROTIC HEART DISEASE 420 — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 NOV, 19 53, to 2 JAN, 19 54, that I last saw the deceased alive on 2 JAN 19 54, and that death occurred at 3:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) K.F. MENK LT MC USNR — ADDRESS U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED 1/4/54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) — DATE THEREOF 1-5-1954 — NAME OF CEMETERY OR CREMATORY U.S. Naval Academy — LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 5, 1954 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR John M. Taylor & Son — ADDRESS Annapolis, Md.

VS. A15

RECEIVED
JAN 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00084

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Churchton X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Churchton X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Roberta (Middle) (Last) Blunt
4. DATE OF DEATH: (Month) 1 (Day) 1 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: 10-4-1953
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months 2 Days 27 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Churchton, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Louis T. Blunt
14. MOTHER'S MAIDEN NAME: Marie Gray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Marie Blunt - Churchton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X Immediate cause (a) Broncho Pneumonia — Interval Between Onset And Death 4 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 29, 1953, to Jan 1, 1954, that I last saw the deceased alive on Jan 1, 1954, and that death occurred at 4:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] M.D. 110 - Clay Street 1/5/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-3-54
NAME OF CEMETERY OR CREMATORY Franklin Chapel
LOCATION (City, town, or county) (State) Churchton, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 2, 1954
REGISTRAR'S SIGNATURE I. B. Dent.
24. FUNERAL DIRECTOR William Reese, III - 108 St. Washington St. Annapolis, Md.
ADDRESS

100337X393

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 8 1954
BUREAU V. S.

0082

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00085

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 10
STREET ADDRESS (If rural give location) Admiral Drive

3. NAME OF DECEASED: (Type or Print) (First) Randolph (Middle) (Last) Bowens
4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: June 10 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months 6 Days | IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Margretta Coates, Annapolis

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4438 Immediate cause	(a) Cardiac Failure	1
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Apoplexy,	2yr.
	DUE TO (c) Hypertensive Cardio-Vascular Disease	5yr.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/18, 1954, to 1/19, 1954, that I last saw the deceased alive on 1/19, 1954, and that death occurred at 4 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Pauline A. Johnson M.D. ADDRESS 40 Northwest West Annapolis, Md. DATE SIGNED 1/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 23/54 NAME OF CEMETERY OR CREMATORY Brewer Hill LOCATION (City, town or county) Annapolis (State) Md
DATE REC'D BY LOCAL REGISTRAR Jan. 21, 1954 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Annapolis

VS. A15

RECEIVED
JAN 25 19[illegible]
BUREAU V. S.

010

00086

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
County: Anne Arundel
City or town: Ferndale Md (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 years
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md County: Anne Arundel
City or town: Ferndale Md (If outside city or town limits, write RURAL and give nearest town)
Street No.: Welham Ave (If rural, give LOCATION)
2.(a) If veteran, name war: —

3. (a) FULL NAME: William H Brooks

3. (b) Social Security Number:

4. Sex: M
5. Color or race: Black
6.(a) Single, married, widowed, or divorced: Widowed
8.(b) Name of husband or wife: Irene Brooks (deceased)
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): June 6 - 1877.

8. AGE: Years 76 Months 6 Days 11 If less than one day ... hrs. ... min.

9. Birthplace: Ferndale Md (town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: —
FATHER 12. Name: William Henry Brooks
13. Birthplace: Md
MOTHER 14. Maiden name: Mary Francis Jackson
15. Birthplace: Md
16. Informant: Lillian F. Williams
Address: Ferndale Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 21. 1954 (month) (day) (year)
Cemetery or crematory: Md Calvary Cem.
Location: Brooklyn Md
18. Funeral director: Elroy O. Wilson
Address: 1000 Brantley Ave
19. 1/21/54 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 17-54 at 1 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1-54 to Jan 17-54 and that I last saw him alive on Jan 8-54

Immediate cause of death	DURATION
Acute Coronary Thrombosis	suddenly
Due to Cardio Vascular Disease	5 years
Due to	
Other conditions: Generalized Arteriosclerosis	8 years

420.1 (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Clinton Md Date signed: Jan 18-54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Film#G161 Item# 13 2/8/54 emf

0108

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00087

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Earleigh Hgts
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X ~~Bal~~ Earleigh Hghts.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Norman (Middle) J. (Last) Butts

4. DATE OF DEATH: (Month) 1 (Day) 30 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): D.
8. DATE OF BIRTH: 10/18/92
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired: School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Md. Schools
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geo. W. Butts
14. MOTHER'S MAIDEN NAME: Ella Heird

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WW #1
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
241 X Immediate cause	(a) Cerebral vascular accident	1 hr.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Degenerative cardio vascular disease	5 yrs
	DUE TO (c) Chronic asthma	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1953, to Jan. 1954, that I last saw the deceased alive on Jan 29, 1954, and that death occurred at 6:30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Gene D. Trevin, MD
ADDRESS Severn Park Md
DATE SIGNED Jan 30, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) B.
DATE THEREOF 2/2/54
NAME OF CEMETERY OR CREMATORY Burns Hill
LOCATION (City, town, or county) Waynesboro (State) Pa.
DATE REC'D BY LOCAL REGISTRAR 2/1/54
REGISTRAR'S SIGNATURE R. D. Hedrick
24. FUNERAL DIRECTOR James L. McCauley
ADDRESS 130 E. Fort Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

0199

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00088 Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jacobsville X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jacobsville X
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) First: William (Middle): Kenith (Last): Cheeves

4. DATE OF DEATH: (Month): 1 (Day): 30 (Year): 1954

5. SEX: Male | **6. COLOR OR RACE:** Negro | **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** S. | **8. DATE OF BIRTH:** 11-7-1953 | **9. AGE last birthday:** ... yrs. 2 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ... | **10b. KIND OF BUSINESS OR INDUSTRY:** ... | **11. BIRTHPLACE** (State or foreign country): A.A. Co. - Md. | **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Leon Edward Cheeves | **14. MOTHER'S MAIDEN NAME:** Leona Rebecca Mack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ? | (If Yes, give war or dates of service): ... | **16. SOCIAL SECURITY NO.:** ... | **17. INFORMANT & ADDRESS:** Leon E. Cheeves - Jacobsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 491 X — (a) DUE TO: Acute bronchopneumonia — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: ...
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ? | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 29, 1954, to Jan. 30, 1954, that I last saw the deceased alive on Jan. 29, 1954, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE: R. M. McLaughlin (Degree or title): M.D. ADDRESS: Pasadena, Md. DATE SIGNED: January 30, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | **DATE THEREOF:** 2-2-54 | **NAME OF CEMETERY OR CREMATORY:** Brewer Hill | **LOCATION** (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REGISTRAR: Feb. 2, 1954 (2/3/54) | REGISTRAR'S SIGNATURE: E. De Alba

24. FUNERAL DIRECTOR: William Leese & Son (ADDRESS): 62 West Washington St. Annapolis Md.

BUREAU V. S.

00089

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] X
LENGTH OF STAY (In this place) 137
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cyril Ave, Green Haven X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) B (Last) [illegible]
4. DATE OF DEATH (Month) [illegible] (Day) 24 (Year) 1954
5. SEX [illegible]
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 1954 [illegible] 1954

[illegible] CREMATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	January 27, 1953	Glen Haven	Glen Burnie, Md

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 25, 1954	L. J. De Alba	[illegible] Angleton	Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00090

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena X
LENGTH OF STAY (in this place) 1 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 74 Hamburg St. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena P.O. X
STREET ADDRESS Box 74 (If rural, give location) Hamburg st.

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) LAYMAN (Last) CRAIG

4. DATE OF DEATH (Month) (Day) (Year) January 16, 1954

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH June 3, 1906

9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher

10b. KIND OF BUSINESS OR INDUSTRY Glen Burnie Hi. Sc.

11. BIRTHPLACE (State or foreign country) Benwood, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harkley Craig

14. MOTHER'S MAIDEN NAME Mary Dearth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Mrs. Meta G. Craig (wife) Pasadena

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Deputy Medical Examiner. ADDRESS Glen Burnie, Md. DATE SIGNED I/17/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Jan. 20, 1954

NAME OF CEMETERY OR CREMATORY Greenwood, Cemetery

LOCATION (City, town, or county) Marshall (State) W. Virginia

DATE REC'D BY LOCAL REG. January 17, 1954

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR R.V. Singleton ADDRESS Glen Burnie, Md.

BUREAU V

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 90691

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Neck
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Neck
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Lowell (Last) Cropper

4. DATE OF DEATH: (Month) 1 (Day) 16 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. | 8. DATE OF BIRTH: 7-10-1890 | 9. AGE last birthday: 63 yrs. | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Oyster Shucker | 10b. KIND OF BUSINESS OR INDUSTRY: Mc Nasby | 11. BIRTHPLACE (State or foreign country): Kelsville, Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abel Cropper | 14. MOTHER'S MAIDEN NAME: Mary Ann Loggan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: 220-09-0580 | 17. INFORMANT & ADDRESS: Millie Cropper - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X — (a) Cardiac Failure — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Hypertensive Cardio-Vascular Disease — DUE TO

(c)

Interval Between Onset And Death: (a) 1 day. (b) 6 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☑ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1954, to 1/16, 1954, that I last saw the deceased alive on 1/16, 1954, and that death occurred at 5:A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Theodore L. Johnson M D | ADDRESS 40 Northwest Street Annapolis | DATE SIGNED 1/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1-20-54 | NAME OF CEMETERY OR CREMATORY Bethel Chapel | LOCATION (City, town, or county) Glen Burnie, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Jan. 19, 1954 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR William Reese II | ADDRESS 108 N. Washington St. Annapolis, Md.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00092

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chase Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Md 10
STREET ADDRESS (If rural give location) Maryland Ave

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Iglehart (Last) Curtis

4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1-31-1863
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Davidsonville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas S. Iglehart
14. MOTHER'S MAIDEN NAME: Ella Welch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Berry Iglehard Davidsonville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uraemia — Interval Between Onset And Death: about 1 month

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cr. Nephritis — Several yrs
DUE TO (c) Arterio-Sclerosis — Several yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1953, to Jan 24, 1954, that I last saw the deceased alive on Jan 23, 1954, and that death occurred at 12 15 AM, from the causes and on the date stated above.

SIGNATURE J Oliver Purois (Degree or title) MD
ADDRESS 40 Franklin St, Annapolis Md
DATE SIGNED 1/25/54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify)
DATE THEREOF 1-26-54
NAME OF CEMETERY OR CREMATORY All Hallows
LOCATION (City, town, or county) Davidsonville (State) Md

DATE REC'D BY LOCAL REGISTRAR Jan. 26, 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons
ADDRESS Annapolis Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00093

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade X
LENGTH OF STAY (in this place) 40 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 2 Vol. 4
STREET ADDRESS (If rural give location) 3502 Round Rd. Cherry Hill

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Colonial (Last) Davis Jr.

4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 15 Jan 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 2 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Colonial Davis

14. MOTHER'S MAIDEN NAME: Martha Elizabeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mother - 3502 Round Rd. Apt. A1, Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Atelectasis — Interval Between Onset And Death: 40 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity — 40 hrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 16 Jan, 1954 to 17 Jan, 1954, that I last saw the deceased alive on 16 Jan, 1954, and that death occurred at 2:57 AM, from the causes and on the date stated above.

SIGNATURE Lawrence L. Washburn (Degree or title) LAWRENCE L. WASHBURN CAPT., MC — ADDRESS U.S. ARMY HOSPITAL, FT. [illegible], MD. — DATE SIGNED 17 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12 Jan 54 — NAME OF CEMETERY OR CREMATORY Ft. Geo. G. Meade Cemetery — LOCATION (City, town, or county) (State) Ft Geo G. Meade, Md.

DATE REC'D BY LOCAL REGISTRAR 19 Jan 54 — REGISTRAR'S SIGNATURE T. A. Gordon

24. FUNERAL DIRECTOR H.W. TROSTELL, CHAPLAIN FT GG MEADE, MD. — ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 03894

1. PLACE OF DEATH:
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MAYO
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: EDGEWATER POST OFFICE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater R.F.D
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Wesley (Last) Dawson

4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: October 24, 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RET.

10b. KIND OF BUSINESS OR INDUSTRY: waterman

11. BIRTHPLACE (State or foreign country): Mayo A.A.Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph L. Dawson

14. MOTHER'S MAIDEN NAME: Annie M. Dawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MISS HELEN DAWSON Edgewater, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.0 Myocardial Failure — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerotic Heart Disease — 10 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12, 1951, to Jan. 2, 19 54, that I last saw the deceased alive on Jan. 1, 19 54, and that death occurred at 5.15 a.m., from the causes and on the date stated above.

SIGNATURE: Vincent Gould (Degree or title) M.D. ADDRESS: Mayo, Md. DATE SIGNED: Jan. 2, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 1-4-1954

NAME OF CEMETERY OR CREMATORY: MAYO MEMORIAL

LOCATION (City, town, or county) (State): MAYO, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 4, 1954

REGISTRAR'S SIGNATURE: Edward Collinson

24. FUNERAL DIRECTOR: B.L. Hopping & Son ADDRESS: Annapolis, Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00095

CERTIFICATE OF DEATH

Reg. Dist. No. . . .

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville X
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
3401.4
STREET ADDRESS (If rural give location): Unknown

3. NAME OF DECEASED: (Type or Print) (First) Ben (Middle) (Last) Day

4. DATE OF DEATH: (Month) 1 (Day) 10 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unk.

8. DATE OF BIRTH: 1883?

9. AGE last birthday: 70? yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? Unk.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 4221 Chronic Myocarditis — Interval Between Onset And Death: Known to us since adm. 1/3/54

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) General and Cerebral Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - -

19b. MAJOR FINDINGS OF OPERATION - - - -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - - - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - - -

(CITY OR TOWN) (COUNTY) (STATE) - - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? - - - - - -

22. I hereby certify that I attended the deceased from 1/3, 1954, to 1/10, 19 54 that I last saw the deceased alive on 1/10, 19 54, and that death occurred at 9:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold A. Libert M.D.

ADDRESS: Crownsville, Md.

DATE SIGNED: 1/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/13/54

NAME OF CEMETERY OR CREMATORY: University Md School

LOCATION (City, town, or county) (State): Balto City Md

DATE REC'D BY LOCAL REGISTRAR: January 13, 1954

REGISTRAR'S SIGNATURE: Katherine M. Joyce

24. FUNERAL DIRECTOR: Frances G. Hemsley

ADDRESS: 578 W Baltimore St

L.J. Dacko

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00096

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arnold. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arnold. X Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Olando, (Middle) (Last) Day
4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug. 7 1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months 4 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: U.S. N.A. Academy
11. BIRTHPLACE (State or foreign country): Arnold Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lorenzo Day
14. MOTHER'S MAIDEN NAME: Lucy (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-05-2121
17. INFORMANT & ADDRESS: Miss Lydia Day 141 W. 139 st. N.Y.C. N.Y.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hypertension Cardio-Vascular Disease

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 1 year

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1953, to Jan 11, 1954, that I last saw the deceased alive on Jan 11, 1954, and that death occurred at 3:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/14/54
NAME OF CEMETERY OR CREMATORY Mt Cavalry
LOCATION (City, town, or county) Arnold. (State) Md
DATE REC'D BY LOCAL REGISTRAR Jan. 13, 1954
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR J. D. Johnson
ADDRESS Annapolis, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

0117

M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00097

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills
LENGTH OF STAY (In this place) 2 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location) Same

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Nona Virginia Dorsey

4. DATE OF DEATH (Month) (Day) (Year) Jan. 13-1954 19

5. SEX F.
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2/7/50
9. AGE last birthday 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Nutwell, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Dorsey
14. MOTHER'S MAIDEN NAME Dorothy Freyvell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. William Sellman (Sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0

Immediate cause (a) Charred above recognition — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) (COUNTY) (STATE) Gambrills, A.A. Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) I/13/54 12.15 P.M.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? House Fire.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE Gustave H. Paulen MD
(Degree or title) Deputy Medical Examiner
ADDRESS Glen Burnie, Md.
DATE SIGNED I/14/54

MODE OF CREMATION DISPOSAL (Specify) Burial
DATE THEREOF 1/16/54
NAME OF CEMETERY OR CREMATORY Mosell
LOCATION (City, town, or county) Bristol (State) Md.

DATE REC'D BY LOCAL REG. Jan. 16 1954 19
REGISTRAR'S SIGNATURE K M [illegible]
21. FUNERAL DIRECTOR J. B. Johnson
ADDRESS Annapolis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
JAN -
BUREAU V. S.

0084

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: ANNE
STATE MARYLAND — COUNTY ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS
STREET ADDRESS (If rural give location): 30 SELLERS ROAD

3. NAME OF DECEASED: (Type or Print) (First) Emmi (Middle) Birns (Last) FORTSON

4. DATE OF DEATH: (Month) JAN (Day) 3 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 24 JAN 1925

9. AGE last birthday: 28 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ray BIRNS

14. MOTHER'S MAIDEN NAME: Emmi MACHEL

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown — (If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital records: USNH, Annapolis, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443K

Immediate cause (a) URAEMIA NOS (792) — Interval Between Onset And Death: 2 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) HYPERTENSIVE CARDIOVASCULAR DISEASE (440) — 10 yr.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 DEC, 1953, to 3 JAN, 1954, that I last saw the deceased alive on 3 JAN, 1954, and that death occurred at 2:45 AM, from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title) J. C. HODGES, LT MC USNR — ADDRESS: U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED: 1/3/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 1-6-54 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REGISTRAR: Jan. 5, 1954 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: John M. Layton and Son — ADDRESS: Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN 6
BUREAU V. S.

Film#G161 Item# 5 2/4/54 emf

J11

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00398

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH INDELIBLE INK. Supply every item of information carefully. Especially important: Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie X
LENGTH OF STAY (In this place) 18 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursing home - 5 road / Branch Road X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Arnold X
STREET ADDRESS (If rural, give location) Premium Acres R.F.D. #1 - Box 45

3. NAME OF DECEASED (Type or Print) (First) Lemuel (Middle) Ellis (Last) Fox
4. DATE OF DEATH (Month) Jan. (Day) 27 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1, 3, 0x
9. AGE Last Birthday 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker
10b. KIND OF BUSINESS OR INDUSTRY Nat'l Biscuit Co.
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Curtis Christian Fox
14. MOTHER'S MAIDEN NAME Anna Gibson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT AND ADDRESS Mrs. Anna E. Fox.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find it said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] 1/27/54

BURIAL, CREMATION OR REMOVAL (Specify) Burial
DATE THEREOF Jan 30, 1954
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) Randallstown, Balto. Co. Md.

DATE REC'D BY LOCAL REG 1/31/54
REGISTRAR'S SIGNATURE L. J. DeAlton
24. FUNERAL DIRECTOR J. W. Singleton
ADDRESS Glen Burnie, Md.

VS. A15A

FEB
BUREAU

0085

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00099

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 1
STREET ADDRESS (If rural give location) Weems Creek

3. NAME OF DECEASED: (Type or Print) (First) Jack (Middle) N. (Last) Francis
4. DATE OF DEATH: (Month) 1 (Day) 29 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feby 4th 1892
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Pet Printer
10b. KIND OF BUSINESS OR INDUSTRY: N. S. Naval Academy
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? N. S. A.
13. FATHER'S NAME: Luther C. Francis
14. MOTHER'S MAIDEN NAME: May E. Sadtler
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hedwig S. Francis Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 5 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 5 years

DUE TO (c) with Hypertension

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 24, 1954, to Jan 29, 1954, that I last saw the deceased alive on Jan 29, 1954, and that death occurred at 6 P.m., from the causes and on the date stated above.

SIGNATURE George C. Basil (Degree or title) M.D. ADDRESS Annapolis Md. DATE SIGNED 1.31.54

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) DATE THEREOF 2-1-54 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 1, 1954 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

BUREAU V. S.
FEB 4 1907

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05100

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft Geo G. Meade X
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade X
STREET ADDRESS (If rural give location) T-2305 Apt C

3. NAME OF DECEASED: (Type or Print) (First) Patti (Middle) Laverne (Last) George
4. DATE OF DEATH: (Month) Jan (Day) 19 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Jan 12, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). -
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Richard L. George Jr.
14. MOTHER'S MAIDEN NAME: Eddie Mary Beauford
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) -
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mother- T-2305 Apt C, Ft Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

767.0

Immediate cause (a) Myocarditis — Interval Between Onset And Death: 6 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Septicemia — 24 hrs

DUE TO

(c) Omphalitis — 36 hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Jan, 1954 to 19 Jan, 1954, that I last saw the deceased alive on 19 Jan, 1954, and that death occurred at 10:40 AM, from the causes and on the date stated above.

SIGNATURE Robert Moore (Degree or title) Capt. MC ADDRESS ROBERT MOORE, CAPT., MC FT MEADE, MD. DATE SIGNED 19 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 20 Jan 54
NAME OF CEMETERY OR CREMATORY Ft. Meade Cemetery
LOCATION (City, town, or county) (State) Ft Meade, AA Co. Maryland
DATE REC'D BY LOCAL REGISTRAR 20 Jan 54
REGISTRAR'S SIGNATURE T. A. Gordon T.A.GORDON, CWO, USA
24. FUNERAL DIRECTOR Chaplain Walsh ADDRESS Ft Meade, Md.

2014222343

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Transcribe age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 25 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 00102

0130

1. PLACE OF DEATH: COUNTY Anne Arundel Laurel, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural X
LENGTH OF STAY (in this place) 4 yrs. 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School //

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Laurel, Md. X
STREET ADDRESS (If rural give location) Fort Meade Road

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Leslie (Last) Gould
4. DATE OF DEATH: (Month) (Day) (Year) January 11 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 10, 1948
9. AGE last birthday: 5 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Nohe
11. BIRTHPLACE (State or foreign country): District of Columbia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert Roy Gould
14. MOTHER'S MAIDEN NAME: Evelyn Hett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: DTS, Social Service Record

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
491X Immediate cause	(a)	Hypostatic Pneumonia	8 days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Aspiration	8 days + ½ hr.
	DUE TO (c)	Inanition	Lifelong

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Amentia, spastic quadriplegia — Lifelong

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6-1, 1953, to 1-11, 1954, that I last saw the deceased alive on 1-11, 1954, and that death occurred at 6 55/p, from the causes and on the date stated above.

SIGNATURE B. H. Mitchell (Degree or title) M.D. ADDRESS District Training School Laurel, Md. DATE SIGNED 1-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 1-13-54 NAME OF CEMETERY OR CREMATORY Glenwood Cemetery LOCATION (City, town, or county) Washington D.C. (State)
DATE REC'D BY LOCAL REGISTRAR 1-12-54 REGISTRAR'S SIGNATURE Clara Hachup
24. FUNERAL DIRECTOR Martin W. Hyrong C.O. ADDRESS 1300 N St Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FEB

BUREAU V. S.

0086

MARYLAND STATE DEPARTMENT OF HEALTH

C 1102

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

USE WRITE, PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A.A.Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hospital-A.General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED Type or Print: (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lillian	Mae	Green	1	27	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
f	Negro	Married	Feb. 1, 1895	58 yrs.	11			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Rutland, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Abraham Dorsey	Mary Duffins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		William Green, Gambrills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary disease	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22 *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas Luedt	MD	Annapolis	1/28/54

CREMATION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 31, 54	Mt. Tabor	Chesterfield, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 29, 1954	[signature]	J.B. Johnson	Annapolis

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C6103

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A A — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis 10
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural give location): 1111 Tyler Ave

3. NAME OF DECEASED: (Type or Print) (First) E. (Middle) Linwood (Last) Hall

4. DATE OF DEATH: (Month) 1 (Day) 9 (Year) 1954

5. SEX: Male

6. COLOR OR RACE? White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 4th 1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter (General)

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Academy Carpenter

11. BIRTHPLACE (State or foreign country): A A Co Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George T. Hall

14. MOTHER'S MAIDEN NAME: Fannie M. Crandell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Linwood S. Hall Annapolis Md

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Carcinoma of liver (?metastatic) — 3 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

156.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1 Jan 53

19b. MAJOR FINDINGS OF OPERATION Carcinoma of liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1953, to 1/9, 1954, that I last saw the deceased alive on 1/8, 1954, and that death occurred at 1/9/54, from the causes and on the date stated above.

SIGNATURE (Degree or title): Donald H. Hooker — ADDRESS: 90 Cathedral St. Annapolis Md — DATE SIGNED: 1/9/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 1-12-54 — NAME OF CEMETERY OR CREMATORY: Cedar Bluffs — LOCATION (City, town, or county) (State): Annapolis Md

DATE REC'D BY LOCAL REGISTRAR: Jan. 12, 1954 — REGISTRAR'S SIGNATURE: [signature] — **24. FUNERAL DIRECTOR** — ADDRESS: John M. Taylor Sons Annapolis Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00104

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville X
LENGTH OF STAY (in this place) 1 yr. 11½ mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Derwood
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Hall
4. DATE OF DEATH: (Month) 1 (Day) 18 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Negroid
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 1886?
9. AGE last birthday: 63? yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS Hours — Min. —
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dairyman
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Basel Hall
14. MOTHER'S MAIDEN NAME: Julie Riggs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) Unk.
16. SOCIAL SECURITY NO.: Unk.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 391 X (a) Cerebral Hemorrhage — Interval Between Onset And Death: 6 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) General and Cerebral Arteriosclerosis — Known to us since 1/31/52

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — — —
19b. MAJOR FINDINGS OF OPERATION — — —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — —
(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 2/1, 1953 to 1/18, 1954, that I last saw the deceased alive on 1/18, 1954, and that death occurred at 8:45 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 1/18/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 26/54
NAME OF CEMETERY OR CREMATORY Brooke Grove
LOCATION (City, town, or county) Montgomery Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 1-23-54
REGISTRAR'S SIGNATURE K M [illegible]
24. FUNERAL DIRECTOR Ray W. Barber
ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00105

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:
COUNTY A A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shadyside X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) Kirchner (Last) Hallock
4. DATE OF DEATH: (Month) JAN. (Day) 24 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Aug. 29, 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Churchton, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Fred'k Kirchner
14. MOTHER'S MAIDEN NAME: Margaret Knapp

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MRS. Lucile Siegert, Shadyside Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 X

Immediate cause (a) Paralysis of Respiratory Center — Interval Between Onset And Death 8 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Sociality - Hypertension

DUE TO (c) Apoplexy — 7½ hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 24, 1954, to Jan. 24, 1954, that I last saw the deceased alive on Jan. 24, 1954, and that death occurred at 4:50 P.M. from the causes and on the date stated above.

SIGNATURE B [signature] (Degree or title) M.D. ADDRESS Shadyside Maryland DATE SIGNED 1/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 26, 1954 NAME OF CEMETERY OR CREMATORY Quakor LOCATION (City, town, or county) Tralesville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-28-54 REGISTRAR'S SIGNATURE Eric Wm Williams
24. FUNERAL DIRECTOR T. A. Hardesty & Son, Tralesville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]06

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 6½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 746 W. Mulberry Street

3. NAME OF DECEASED: (Type or Print) (First) Eliza (Middle) (Last) Hardman

4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1889

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Agustus Weems

14. MOTHER'S MAIDEN NAME: Mary Brown

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): Unk. (If Yes, give war or dates of service): — — —

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Congestive heart failure — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (Pulmonary edema due to congestive heart failure)

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: — — — — 19b. MAJOR FINDINGS OF OPERATION — — — — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — — — — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — — — — (CITY OR TOWN) — — — (COUNTY) — — — (STATE) — — —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 6/23, 19 53, to 1/12, 19 54, that I last saw the deceased alive on 1/12, 19 54 and that death occurred at 8:25 p.m., from the causes and on the date stated above.

SIGNATURE: Stephen E. Kramer (Degree or title) M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 1/12/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/17/54 — NAME OF CEMETERY OR CREMATORY: Mt Auburn Cem — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REGISTRAR: January 16 1954 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Isaiah L Brown Son — ADDRESS: 1080 Montgomery Street

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale X
LENGTH OF STAY (In this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) (Last) [illegible]

4. DATE OF DEATH (Month) (Day) (Year) [illegible] 4 1954

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH 6, 27, 04
9. AGE last birthday 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME Hassett Bush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 1954

BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-8-54
NAME OF CEMETERY OR CREMATORY Mt Coeling Gemt
LOCATION (City, town, or county) A.A. Co (State) Md

DATE REC'D BY LOCAL REG 1-6-54
REGISTRAR'S SIGNATURE A W Hedrick
23. FUNERAL DIRECTOR Isaiah L Brown Son ADDRESS 1086 Montgomery St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00108

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville, Md. X
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City 24-14
STREET ADDRESS (If rural give location) 813 Vine St.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Hollis

4. DATE OF DEATH: (Month) 1 (Day) 15 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 6/15/1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles ???
14. MOTHER'S MAIDEN NAME: Leah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Crownsville State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of the liver with Metastases — 9-26-53

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain Syndrome associated with alcohol — since adm.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-22-38, 19 ..., to 1-15-54, 19 ..., that I last saw the deceased alive on 1-15, 1954, and that death occurred at 10:20 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert, M.D. ADDRESS DATE SIGNED 1/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1/20/54 NAME OF CEMETERY OR CREMATORY Arbutus Memel Pk LOCATION (City, town, or county) Balto County Md (State)

DATE REC'D BY LOCAL REGISTRAR 1/20/54 REGISTRAR'S SIGNATURE H. A. Hedrick Dir 24. FUNERAL DIRECTOR Charles G. Cooper ADDRESS 512 Carrollton Av.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03209

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Glen Burnie X
MARYLAND LENGTH OF STAY (in this place) 4YR
HOSPITAL OR INSTITUTION OR STREET ADDRESS 404 Delaware Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie
STREET ADDRESS (If rural give location) 404 Delaware Ave.

3. NAME OF DECEASED: (Type or Print) (First) Frederic (Middle) Henry (Last) Hoover

4. DATE OF DEATH: (Month) JAN (Day) 20 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 8 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Manager Apartment Hotel

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Hoover

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Laura Denmead Hoover

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
163.X Immediate cause	(a) Bronchogenic Carcinoma	1 YR
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Renal Cyst	5 YR
	DUE TO (c) Senility	
II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2, 1951, to 1/19, 1954, that I last saw the deceased alive on 1/19, 1954 and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) R.W. Richard M.D. ADDRESS 715 Cotter Rd Glen Burnie Md DATE SIGNED 1/20/54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial

DATE THEREOF Jan 22, 1954

NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery

LOCATION (City, town, or county) (State) Balto Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR 1/22/54

REGISTRAR'S SIGNATURE L. L. DeAlba

24. FUNERAL DIRECTOR ADDRESS R.V. Singleton, Glen Burnie, Md.

VS. A15

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clinton (Millersville P.O.)
MARYLAND LENGTH OF STAY (in this place): 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Box 203 Route 1 X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clinton (Millersville P.O.)
STREET ADDRESS (If rural, give location): Box 203 Route 1

3. NAME OF DECEASED (Type or Print): (First) Nelson (Middle) James (Last) Horan

4. DATE OF DEATH: (Month) January (Day) 14, (Year) 1957

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 27 1898

9. AGE last birthday: 58 yrs. If under 1 year (Months, Days) If under 24 hrs. (Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Owner

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Catonsville, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Marion F. Horan

14. MOTHER'S MAIDEN NAME: Annie B. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 218-14-7363

17 INFORMANT AND ADDRESS: Mrs. Jane C. Horan - Millersville P.O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Coronary Thrombosis — Interval Between Onset and Death: 1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — 5 [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Dec. 20, 1956, to Jan. 14, 1957, that I last saw the deceased alive on Jan. 14, 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL. (Specify): Burial — DATE: Jan. 16, 1957 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 1/16 — REGISTRAR'S SIGNATURE: L. J. DeAlba

24. FUNERAL DIRECTOR: T. V. Singleton — ADDRESS: Glen Burnie, Md.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY: Anne Arundel — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn (Rural) — LENGTH OF STAY (in this place): MARYLAND 5 mos. — HOSPITAL OR INSTITUTION OR STREET ADDRESS: New Cut Road - Box 205 - Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn (Rural) — STREET ADDRESS (If rural, give location): Box 205 - Route 1 - New Cut Road

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Catherine (Last) Johns

4. DATE OF DEATH: (Month) January (Day) 22 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feb. 4, 1892

9. AGE last birthday: 61 yrs. — If under 1 year: Months. Days. — If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework (at)

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Snyder

14. MOTHER'S MAIDEN NAME: Anna Grzegorzewski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Tillie Blackaway - Severn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Thrombosis — Interval between onset and death: 1 day

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Malignant Hypertension — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Cardiovascular Disease — 3 years

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION: /

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): /

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: /

(CITY OR TOWN): / (COUNTY): / (STATE): /

TIME OF INJURY (Month) (Day) (Year) (Hour): / m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20-53, 19..., to Jan 22-54, 19..., that I last saw the deceased alive on Jan 21-54, 19..., and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE: Joseph E. Bokey M.D. (Degree or title) — ADDRESS: Odenton Md — DATE SIGNED: Jan 25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1/26/54 — NAME OF CEMETERY OR CREMATORY: Our Lady of the Fields — LOCATION (City, town, or county): Millersville — (State): Md.

DATE REC'D BY LOCAL REG.: Jan 25, 1954 — REGISTRAR'S SIGNATURE: L. J. DeAlba

24. FUNERAL DIRECTOR: T. R. Singleton — ADDRESS: Glen Burnie, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 00112

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) one Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY 1641 W. Laffayette Ave. Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1641 W. Laffayette Ave.

3. NAME OF DECEASED: (Type or Print) (First) Emanuel (Middle) W. (Last) Johnson

4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Negroid
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11/20/1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Emmanuel Johnson
14. MOTHER'S MAIDEN NAME: Elasar Jones

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive and Arteriosclerotic Cardiovascular Disease
DUE TO
(c) Generalized and Cerebral Arteriosclerosis

Interval Between Onset And Death: Known to us Since 2/19/51

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome assoc. with Cerebral Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1953, to 1-2, 1954, that I last saw the deceased alive on 1-2, 1954, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stanley C. Sargeant, M.D. ADDRESS Crownsville Md. DATE SIGNED 1-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 7, 1954 NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park LOCATION (City, town, or county) Arbutus Md. (State)
DATE REC'D BY LOCAL REGISTRAR [illegible] REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Mrs Katie R. Williams ADDRESS 322 N Schroeder St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

60113

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis, Md

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 901 Cedar Park Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: A.A.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,

STREET ADDRESS (If rural give location): 901 Cedar Park Rd.

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) CAROLINE (Last) JONES

4. DATE OF DEATH: (Month) JANUARY (Day) 20 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 4, 1875	78 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House wife	own home	Birdsville, Maryland	USA

13. FATHER'S NAME: James Wells

14. MOTHER'S MAIDEN NAME: Susan Crandell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	none	Mrs. Horace Williams Daughter same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) DUE TO: Myocardial Infarction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Arteriosclerotic Heart Disease

(c)

Interval Between Onset And Death: (a) 2 days (b) 1 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-18-, 1954 to 1-20-, 1954, that I last saw the deceased alive on 1-20-, 1954, and that death occurred at 4.30 PM, from the causes and on the date stated above.

SIGNATURE: James A. Frank, M.D. (Degree or title) — ADDRESS: Annapolis, Md. — DATE SIGNED: 1-22-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: January 23, 54 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery — LOCATION (City, town or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR: Jan. 23, 1954 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Ben L. Hopping and Son — ADDRESS: Annapolis, Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1 PLACE OF DEATH:
COUNTY Magothy Beach, AA, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena X
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pasadena X

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY AA
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena MD
STREET ADDRESS (If rural give location) Magothy Beach MD

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Franklin (Last) Lamar
4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sep 8, 1870
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Israel Lamar
14. MOTHER'S MAIDEN NAME: Katherine Seward
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) No
16 SOCIAL SECURITY No.: 218-01-4816A
17. INFORMANT & ADDRESS: Mrs Gladis Peister Magothy Beach Pasadena MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
1517
Immediate cause (a) Carcinoma Stomach — Interval Between Onset And Death: 2 Years
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardio Vascular Disease 5 Yrs

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Jan 29, 1954, that I last saw the deceased alive on Jan. 15, 1954, and that death occurred at 6:30 A.M., from the causes and on the date stated above.
SIGNATURE G. Brady Smith (Degree or title) M.D. ADDRESS Riviera Beach, Md. DATE SIGNED 1/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2/2/54
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetary
LOCATION (City, town, or county) (State) Ritchie Hdqs.
DATE REC'D BY LOCAL REGISTRAR 2/2/54
REGISTRAR'S SIGNATURE L. J. DeAlba mmb.
24. FUNERAL DIRECTOR Chas P. Towell ADDRESS Windsor Mill RD

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00115

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Anne Arundel County MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS General Hospital
ALSO KNOWN AS JOSEPHA G. LATVINSKAS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.R.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millersville Md
STREET ADDRESS (If rural give location) W S CRAIG HWY MILLERSVILLE MD.

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) (Last) Latvinsky

4. DATE OF DEATH: (Month) 1 (Day) 17 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 19-1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LITHUANIA
12. CITIZEN OF WHAT COUNTRY? LITHUANIA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 215-03-9821
17. INFORMANT & ADDRESS: Joseph Latvinsky

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

561.5

Immediate cause (a) 1) Peritonitis — Interval Between Onset And Death: 7 Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) 2) Intestinal Obstruction (Jejunum) — 7 Days

DUE TO (c) 3) Strangulated Hernia — 7 Days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/15/54
19b. MAJOR FINDINGS OF OPERATION: Strangulated hernia Intestinal Obstruction Peritonitis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15/54, to 1/17/54, 19 ....., that I last saw the deceased alive on 1/17/54, 19 ....., and that death occurred at 5.45 A.M., from the causes and on the date stated above.

SIGNATURE Albert L. Anderson (Degree or title) MD. ADDRESS Annapolis Md DATE SIGNED 1/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/20/54
NAME OF CEMETERY OR CREMATORY Most Holy Redeemer
LOCATION (City, town, or county) Belair Rd (State) Md

DATE REC'D BY LOCAL REGISTRAR 1-20-54
REGISTRAR'S SIGNATURE H. W. Hyland Dmr
24. FUNERAL DIRECTOR Chas W. Archavekas ADDRESS 703 McHenry St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

0091 Basil

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21 00116

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home Convl. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~A.A.~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
STREET ADDRESS (If rural give location) 508 Patapsco Ave

3. NAME OF DECEASED: (Type or Print) (First) HILDA (Middle) (Last) LINTON

4. DATE OF DEATH: (Month) JANUARY (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED~~ WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: October 28, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Churchton, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) nO (If Yes, give war or dates of service) nO
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Virginia Linton Waldrop, Daughter, same as # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Arterio Sclerotic Heart
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Disease
DUE TO
(c) Generalized Arterio Sclerosis

Interval Between Onset And Death: several years; several years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953, to Jan 25, 1954, that I last saw the deceased alive on Jan 24, 1954, and that death occurred at 6 P, from the causes and on the date stated above.
SIGNATURE George C Basil (Degree or title) M D. ADDRESS Annapolis Md DATE SIGNED 1-28-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF January 28, 54 NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery LOCATION (City, town, or county) Annapolis, Maryland (State)
DATE REC'D BY LOCAL REGISTRAR Jan. 28, 1954 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00117

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville X
LENGTH OF STAY (in this place) 19yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp 10

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) (Last) Long
4. DATE OF DEATH: (Month) 1 (Day) 31 (Year) 1954
5. SEX: Fe
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1890?
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: George Teagle
14. MOTHER'S MAIDEN NAME: Letty ?
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Chronic Myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension DUE TO

(c)

Interval Between Onset And Death: 19yr. Known since admission

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1952, to 1-31, 1954, that I last saw the deceased alive on 1-31, 1954, and that death occurred at 11:15 am, from the causes and on the date stated above.

SIGNATURE Faye W. Allen (Degree or title) M.D. ADDRESS 10 Carroll DATE SIGNED 1-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 2-4-54
NAME OF CEMETERY OR CREMATORY St James Cem
LOCATION (City, town, or county) Pocomoke City (State) Md.
DATE REC'D BY LOCAL REGISTRAR Feb 2, 1954
REGISTRAR'S SIGNATURE K M Joyce
24. FUNERAL DIRECTOR Booker W Leech ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DUREAU V. S.

0131

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and correctly. Physicians: please write the causes of death clearly and legibly. Cause of death and legible age is especially important.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville X
LENGTH OF STAY (in this place): 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 740 N. Franklin Street

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) (Last) Madison

4. DATE OF DEATH: (Month) 1 (Day) 10 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1900

9. AGE last birthday: 53 53
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Elijah Lockmore

14. MOTHER'S MAIDEN NAME: Martha Mitchell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Unk.
(If Yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO.: — — — — —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death:

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive Cardio-vascular Disease — 2 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — — — — —

19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — — —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — — — —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — — — —

(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — — — — m.m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 2/1 ..., 19 53, to 1/10 ..., 19 54, that I last saw the deceased alive on 1/10 19 54, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold N. Eichert M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 1/10/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/15/54 — NAME OF CEMETERY OR CREMATORY: Mt. Lebanon — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REGISTRAR: 1-20-54 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Charles A Rice — ADDRESS: 661 W. Barre st

VS. A15

X 0012

19

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY A.A.Co MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural, give location) 2004 West Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES. (Middle) (Last) MARCHAND

4. DATE OF DEATH (Month) 1 (Day) 31 (Year) 1954

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 21, 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months 4 Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baton Rouge, La.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Vencient Marchand

14. MOTHER'S MAIDEN NAME: Celia Beal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): 4

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Gaynell Marchand, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 420.1 Coronary Disease — Instant

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 1/31/54

23. BURIAL, CREMATION, REMOVAL (Specify): Shipped — DATE THEREOF Feb 3 1954 — NAME OF CEMETERY OR CREMATORY Family Cem. — LOCATION (City, town, or county) Baton Rouge — (State) La.

DATE REC'D BY LOCAL REG. Feb. 3, 1954 — REGISTRAR'S SIGNATURE [signature] — **24. FUNERAL DIRECTOR** E. B. Johnson — ADDRESS Annapolis, Md.

0132

120

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O. Pasadena
LENGTH OF STAY (In this place) 37 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Poplar Ridge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Ph
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ame
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Benjamin Marks

4. DATE OF DEATH (Month) (Day) (Year) January 9 - 1954

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Unknown
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin Marks
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS A.A.C. Welfare Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

Immediate cause (a) General arteriosclerosis — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gustave H. Pollitzer M.D. Medical Examiner, Glen Burnie, Md. 1/9/54

23. BURIAL, CREMATION (MOVAL, Specify) Burial
DATE THEREOF 1/14/54
NAME OF CEMETERY OR CREMATORY Magothy
LOCATION (City, town, or county) (State) Magothy, Md.

DATE REC'D BY LOCAL REG. January 13, 1954
REGISTRAR'S SIGNATURE L. J. D'Alba
24. FUNERAL DIRECTOR W. V. Singleton
ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important. Physicians: please write the causes of death clearly and legibly.

VS ALA

0133

21

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside X — LENGTH OF STAY (in this place) 60 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) ~~OLIN~~	(Middle) Otis	(Last) MATTHEWS	4. DATE OF DEATH (Month) (Day) (Year)	January 11 1954
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 16, 1893	9. AGE last birthday 60 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Oyster house	11. BIRTHPLACE (State or foreign country) Shadyside, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Alonzo Matthews	14. MOTHER'S MAIDEN NAME Annie Nick				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 219-12-2953	17. INFORMANT AND ADDRESS Agnes Johnson, Shadyside, Maryland			

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
32[illegible] Immediate cause	(a) Acute alcoholism and exposure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William V. Lovell		700 Fleet Street, Baltimore, Md.	1/14/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1/14/54	NAME OF CEMETERY OR CREMATORY St. Paul	LOCATION (City, town, or county) (State) Shadyside, Maryland
DATE REC'D BY LOCAL REG. 1-14-54	REGISTRAR'S SIGNATURE Elsie Wise Williams	24. FUNERAL DIRECTOR J. A. Hardesty & son	ADDRESS Galesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville X
LENGTH OF STAY (in this place) 1 yr. 5 mos. 9da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital 10

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase X-ed
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Johanna (Middle) (Last) Meekins

4. DATE OF DEATH: (Month) 1 (Day) 20 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 7/15/88

9. AGE last birthday: 65 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James W. Pulley

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk.
(If year, give war or dates of service) - -

16. SOCIAL SECURITY NO.: unk.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Known to us since 4/1/53

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION - - - - - -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - - - - -

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY - - - - -

(CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 11/3, 1952 to 1/20, 1954, that I last saw the deceased alive on 1/20, 1954, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Crownsville, Md. DATE SIGNED 1/20/54

23. BURIAL/~~CREMATION~~/REMOVAL (Specify): Burial | DATE Jan 23, 54 | NAME OF CEMETERY OR CREMATORY Mays Chapel Cem. | LOCATION (City, town, or county) (State) Chase, Maryland

DATE REC'D BY LOCAL REG. 1/21/54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Mrs. Robt. A. Elliott & Daughter | ADDRESS Dover — 429 N. Caroline St.

MARGIN RESERVED FOR BINDING

M 0093

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]23

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 25 East St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 1
STREET ADDRESS (If rural give location) 25 East St.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) W. (Last) Mitchell

4. DATE OF DEATH: (Month) 1 - (Day) 3 - (Year) 1954

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 3-20-1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Oysters & Crabs
11. BIRTHPLACE (State or foreign country): Annapolis Md
12. CITIZEN OF WHAT COUNTRY? N S A

13. FATHER'S NAME: Ezekiel A. Mitchell
14. MOTHER'S MAIDEN NAME: Susan E. Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) I (If Yes, give war or dates of service) I
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Miss Ayers 25 East St Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 4200 (a) Coronary Thrombosis — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arterio Sclerotic Heart — Several

DUE TO (c) Disease — years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Jan 3, 1954, that I last saw the deceased alive on Jan 3, 1954, and that death occurred at 8.30 a.m. from the causes and on the date stated above.

SIGNATURE George C. Basil (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 1-4-54

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) DATE THEREOF 1-6-54 NAME OF CEMETERY OR CREMATORY National Cemt. LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 5, 1954 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 144 Monticello Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; STREET ADDRESS (If rural, give location): 144 Monticello Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) BENJAMAN (Last) MOORE

4. DATE OF DEATH: (Month) January (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2/4/1884

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newspaper Distributor

10b. KIND OF BUSINESS OR INDUSTRY: Newspapers

11. BIRTHPLACE (State or foreign country): Mathews Co., Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James A. Moore

14. MOTHER'S MAIDEN NAME: Julia E. Dutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. George Armiger, Baltimore, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 1.4 Immediate cause (a) Ruptured aneurysm of descending thoracic aorta — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Massive left pleural hemorrhage

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* _, *Inquiry* _ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* _, *suicide* _, *homicide* _, *undetermined* _.

SIGNATURE: William V. Gould (Degree or title) ADDRESS: 700 Fleet St., Baltimore 2, Md. DATE SIGNED: 1/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/20/54

NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Jan. 19, 1954

REGISTRAR'S SIGNATURE: J. D. Powell

24. FUNERAL DIRECTOR: John M. Taylor Sons ADDRESS: Annapolis Md.

js

RECEIVED
JAN 20 1954
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C0125

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY A. A Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) A. Arundel G \ LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hospital, Annapolis 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural A Annapolis
STREET ADDRESS (If rural give location) Skidmore

3. NAME OF DECEASED: (Type or Print) (First) Mamie (Middle) (Last) Murray

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 26 1964

5. SEX: F.

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 12, 1900

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Skidmore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Curry

14. MOTHER'S MAIDEN NAME: Mary Gantt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: George Murray, Rt. 2 Annapolis, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death 30 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) High blood pressure — 5 yr.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1954, to Jan., 1954, that I last saw the deceased alive on Jan, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward H. Hunter M. D. 90 Cathedral St. Annapolis Md. 29 JAN 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan 31 54

NAME OF CEMETERY OR CREMATORY Broadneck

LOCATION (City, town, or county) Skidmore (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 29, 1954

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Annie A. Johnson

ADDRESS Annapolis, Md.

RECEIVED
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BUREAU V. S

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00143

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elvaton (Millersville P.O.) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Whitney's Landing Road X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elvaton (Millersville P.O.) X
STREET ADDRESS (If rural, give location): Whitney's Landing Road

3. NAME OF DECEASED (Type or Print) (First) Andrew (Middle) (Last) Nernberg

4. DATE OF DEATH (Month) January (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Dec. 26, 1879

9. AGE last birthday: 74 yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labner (Ret.)

10b. KIND OF BUSINESS OR INDUSTRY: Chas Pumphrey Contractor

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U. St.

13. FATHER'S NAME: Gottlieb Nerberg

14. MOTHER'S MAIDEN NAME: Ernestina Schroeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-18-2915

17. INFORMANT AND ADDRESS: Mrs. Matilda Gregor - 306 E. Randall St. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to 18, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: January 20, 1954 — NAME OF CEMETERY OR CREMATORY: Glen Haven — LOCATION (City, town, or county) (State): Glen Burnie, Md.

DATE REC'D BY LOCAL REG.: January 20, 1954 — REGISTRAR'S SIGNATURE: L. J. D'Alba — 24. FUNERAL DIRECTOR: Richard V. Singleton — ADDRESS: Glen Burnie, Md.

MARGIN RE[illegible]VE[illegible] FOR BINDING

1

U. S. BUREAU

U. S. BUREAU

0135

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00126

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Anne Arundle MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lothian X
LENGTH OF STAY (in this place) 54 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lothian
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) Estelle (Last) Parker

4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 1954

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sperated

8. DATE OF BIRTH: May 11, 1899

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): a.a. Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Henry Parker

14. MOTHER'S MAIDEN NAME: Josephine MacKall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Helen P. Harried, Mitchesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Aterlosclerosis DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1953, to Jan. 2, 1954, that I last saw the deceased alive on Jan 1, 1954, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE Emily H. Wilson (Degree or title) M.D. ADDRESS Lothian, Md. DATE SIGNED 1-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan 5, 1954

NAME OF CEMETERY OR CREMATORY Adams

LOCATION (City, town, or county) (State) Lothian, Md.

DATE REC'D BY LOCAL REGISTRAR 1-3-54

REGISTRAR'S SIGNATURE Elsie West Williams

24. FUNERAL DIRECTOR J. A. Hardesty & Son ADDRESS Galesville Md.

RECEIVED
JAN 11 1954
BUREAU V. S.

0136

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 053127

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 214

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural give location) Route 214

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) WALTON (Last) PURDY

4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: 5-3-1874

9. AGE Last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Truck Farmer

11. BIRTHPLACE (State or foreign country): A. A. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Purdy

14. MOTHER'S MAIDEN NAME: Annie Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary C. Purdy Edgewater A. A. Co. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Prostate with DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastasis to spine DUE TO

(c)

Interval Between Onset And Death: 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis Anal Geno.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November, 1953, to Jan. 22, 1954, that I last saw the deceased alive on Jan 22, 1954, and that death occurred at 7.30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Address Date Signed

Arthur C. Beall M.D. Annapolis Md 1-23-54

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 1-24-54 NAME OF CEMETERY OR CREMATORY Locke Haven LOCATION (City, town, or county) (State) A. A. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Jan 24, 1954 REGISTRAR'S SIGNATURE Edward Collinson

24. FUNERAL DIRECTOR ADDRESS John M. Taylor & Son Annapolis, Md.

VS. A15

RECEIVED
JAN 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Heights
LENGTH OF STAY (in this place) X 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 Doris Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn-Heights X
STREET ADDRESS (If rural, give location) 117 Doris Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Joseph (Last) Recker, Sr.

4. DATE OF DEATH: (Month) Jan. (Day) 8, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 16, 1872

9. AGE last birthday: 81 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Compound Mfg. R.

10b. KIND OF BUSINESS OR INDUSTRY: Boiler Compound Mfg.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Recker

14. MOTHER'S MAIDEN NAME: Annie Elizabeth Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-32-3521

17. INFORMANT AND ADDRESS: Mrs. Margaret Ann Recker (Wife) – Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma of Right Lung — Interval Between Onset and Death: 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis — 1 mo.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Jan., 1954, that I last saw the deceased alive on 1-8, 1954, and that death occurred at 6:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P. J. Gimaldi M.D. — 4609 Gov. Ritchie Hwy 1-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 11, 1954 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. — LOCATION (City, town, or county) (State): Brooklyn, A.A. Co. Md.

DATE REC'D BY LOCAL REG.: Jan. 9, 1954 — REGISTRAR'S SIGNATURE: Ida M. Whelan

24. FUNERAL DIRECTOR: G. Howard Evans — ADDRESS: 1400 S Charles St Balto 30 Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 11 1954
BUREAU V. S.

0138

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]29

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 5 das
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balt
STREET ADDRESS (If rural give location) 16 S. Register St

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) T. (Last) Richardson
4. DATE OF DEATH: (Month) 1 (Day) 16 (Year) 1954
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 10-11-1914
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domester
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: James Truxon
14. MOTHER'S MAIDEN NAME: Ida Truxon
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
465X
Immediate cause (a) Pulmonary Embolism
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: Ida

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rectal Stricture

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1-11, 1954, to 1-16, 1954, that I last saw the deceased alive on 1-16, 1954, and that death occurred at 9:05, from the causes and on the date stated above.
SIGNATURE (Degree or title) Arnold H. Eichert, M.D.
ADDRESS Crownsville, Md
DATE SIGNED 1-17-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/22/54
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) Brooklyn Md
DATE REC'D BY LOCAL REGISTRAR Jan. 18, 1954
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Elroy W. Wilson 1000 Bu[illegible]
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Film G161 Item# 9 2/2/54 emf

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6830

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Annapolis 12; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. General 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville Woods; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) FAITH (Middle) E (Last) RYAN

4. DATE OF DEATH: (Month) 1 (Day) 5 (Year) 1954

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Jr.

8. DATE OF BIRTH: 3-1-1896

9. AGE last birthday: 57 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Annapolis Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H Hunt

14. MOTHER'S MAIDEN NAME: Charlotte Venson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Margaret Green - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 X

Immediate cause (a) Arteriosclerotic Cardio Vascular Renal disease — Interval Between Onset And Death: 5 yrs +

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — 10 yrs +

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4, 1954, to 1-7, 1954, that I last saw the deceased alive on 1-6, 1954, and that death occurred at 6:40 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-10-54

NAME OF CEMETERY OR CREMATORY: Broad Neck

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 9, 1954

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: William Green, II

ADDRESS: 108 W. Washington St. Annapolis, Md.

VS. A15

RECEIVED
JAN
BUREAU V. S.

00131

M 0007

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen.Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural--Edgewater X
STREET ADDRESS (If rural give location) RFD #1 Box #381A--Edgewater Shoreham Beach P.O.

3. NAME OF DECEASED: (Type or Print) (First) MABEL (Middle) ANN (Last) SCOTT
4. DATE OF DEATH: (Month) January (Day) 4th, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 6th, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk-Retired
10b. KIND OF BUSINESS OR INDUSTRY: U.SVet.Adm.
11. BIRTHPLACE (State or foreign country): Hoosic Falls, N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: (Unknown) McDougall
14. MOTHER'S MAIDEN NAME: (Unknown) Hopkins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mrs.Alice L.Bundick--Edgewater P.O.Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death: 1 hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio Vascular Disease — 15 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1953, to JAN, 1954, that I last saw the deceased alive on 4 JAN, 1954, and that death occurred at 11:15 AM, from the causes and on the date stated above.

SIGNATURE Edward L Beck (Degree or title) MD ADDRESS 41 Southgate Ave Annapolis DATE SIGNED 4 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan.7/1954
NAME OF CEMETERY OR CREMATORY Columbia Gardens Cem.
LOCATION (City, town, or county) (State) Arlington County, Va.

DATE RECD BY LOCAL REGISTRAR Jan. 5, 1954
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Registrar
Wm French mmb.
24. FUNERAL DIRECTOR W.W.Chambers Co. Riverdale, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1934
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills X
LENGTH OF STAY (In this place) 2 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same X
STREET ADDRESS (If rural, give location) Same.

3. NAME OF DECEASED (Type or Print) (First) Mildred (Middle) Virginia (Last) Sellman

4. DATE OF DEATH (Month) Jan. (Day) 13 (Year) 1954

5. SEX F.

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 6/26/51

9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Upper Marlboro, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Sellman

14. MOTHER'S MAIDEN NAME Mildred Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS William Sellman (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0

Immediate cause (a) Charred above recognition — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) (COUNTY) (STATE) Gambrills, A.A. Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 1/13/54 12.15 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? House Fire.

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X suicide ___, homicide ___, undetermined ___.

SIGNATURE Gustave H. Pauhe[illegible] (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie, Md. DATE SIGNED 1/14/54

FINAL CLEMATION (Burial) Burial DATE THEREOF 1/16/54 NAME OF CEMETERY OR CREMATORY Moses LOCATION (City, town, or county) Bristol (State) Md

DATE REC'D BY LOCAL REG. Jan. 16, 1954 19 REGISTRAR'S SIGNATURE K. M. Joe

24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
JAN 21
BUREAU V. S.

0140

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

33

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills X
LENGTH OF STAY (in this place) 2 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same X
STREET ADDRESS (If rural, give location) Same

3. NAME OF DECEASED (Type or Print) (First) Wilhelmina (Middle) (Last) Sellman

4. DATE OF DEATH (Month) (Day) (Year) Jan. 13-1954

5. SEX F.
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 1/31/50
9. AGE last birthday 3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Upper Marlboro, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Sellman
14. MOTHER'S MAIDEN NAME Mildred Dickerson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS William Sellman (father.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7 6.0

Immediate cause (a) Charred above recognition — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) (COUNTY) (STATE) Gambrills, A.A. Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 13-54 12.15 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? House fire.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Deputy Medical examiner. Glen Burnie, Md. 1/14/54

SPECIAL CREMATION (Specify) Burial
DATE THEREOF 1/16/54
NAME OF CEMETERY ~~OR CREMATORY~~ Moses
LOCATION (City, town, or county) Bristol (State) Md

DATE REC'D BY LOCAL REG. Jan. 16, 1954
REGISTRAR'S SIGNATURE K. M. Joyce
24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN
BUREAU V. S.

0141

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills X
LENGTH OF STAY (in this place) 8 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location) Same

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Thomas (Last) Sellman
4. DATE OF DEATH (Month) (Day) (Year) Jan. 13-1954 19

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 4/19/53
9. AGE last birthday yrs. If under 1 year Months 8 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Sellman
14. MOTHER'S MAIDEN NAME Mildred Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS William Sellman (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

11.0

Immediate cause (a) Charred above recognition. — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. INTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) (COUNTY) (STATE) Gambrills, A.A. Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 1/13/54 12.15 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? House Fire.

22. I certify that I took charge of the remains described above held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE Gustave H. Fauch Deputy
(Degree or title) Medical examiner
ADDRESS Glen Burnie, Md.
DATE SIGNED 1/14/54

DISPOSITION Burial
DATE THEREOF 1/16/54
NAME OF CEMETERY OR CREMATORY Moses
LOCATION (City, town or county) Bristol
(State) Md

DATE FILED BY LOCAL REG. Jan. 16 1954 19
REGISTRAR'S SIGNATURE K. M. Jones
24. FUNERAL DIRECTOR J. B. Johnson
ADDRESS Annapolis

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 21
BUREAU V. S.

0099

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00135

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 12 20
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 1301 Poplar St.

3 NAME OF DECEASED: (Type or Print) (First) DORA (Middle) ELSIE (Last) SHUE

4. DATE OF DEATH: (Month) JANUARY (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: October 16, 1887

9. AGE Last birthday: 66 yrs.
IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Bader

14. MOTHER'S MAIDEN NAME: Elizabeth W. Mildner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) nO — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mr. Wilmer M. Shue Linthicum, Maryland

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Coronary Thrombosis	Several years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart	Several years
	DUE TO (c) Anemia	Years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hemorrhoidectomy	Years

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Dec 1, 1953, to Jan 3, 1954, that I last saw the deceased alive on Jan 3, 1954, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C Bond M D — ADDRESS Annapolis Md — DATE SIGNED Jan 5 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** Jan 6 54 — **NAME OF CEMETERY OR CREMATORY** Lorraine Park Cemetery — **LOCATION** (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Jan. 6, 1954 — **REGISTRAR'S SIGNATURE** [signature] — **24. FUNERAL DIRECTOR** Ben L. Hopping and Son — **ADDRESS** Annapolis, Md.

RECEIVED
JAN 8 1954
BUREAU V. S.

Film #G161 Item 12 2/9/54 emf

0009

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

(D) 36

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis 1 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS G. G. General Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis R. F. D.
STREET ADDRESS (If rural give location) G. G. Co. Home

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Edgar (Last) Sokel

4. DATE OF DEATH: (Month) 1 (Day) 28th (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: About 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life. (Even if retired) Butcher Whole Sale

10b. KIND OF BUSINESS OR INDUSTRY: Butcher

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Rev. Jno K. Mount Millersville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral Thrombosis, L. Middle Cerebral art — 48 hrs.

Antecedent causes (b) Generalized Atherosclerosis — yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bilat. Bronchopneumonia — Contributory

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 1/27, 1954, that I last saw the deceased alive on 1/27, 1954, and that death occurred at 10:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Maurice K Lemmon MD — ADDRESS Annapolis Md — DATE SIGNED 1/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 1-30-54 — NAME OF CEMETERY OR CREMATORY Prospect Hill Cemt. — LOCATION (City, town, or county) Towson — (State) Md

DATE REC'D BY LOCAL REGISTRAR Jan. 30, 1954 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR John W. Taylor Sons — ADDRESS Annapolis Md.

VS. A15

RECEIVED
FEB
BUREAU V. S.

00137

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 4 mon
HOSPITAL OR INSTITUTION OR STREET ADDRESS 110 Hemperley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Shadyside Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	E.	STALLINGS.	JAN	7	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	W	JAN 3 - 1875	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		Shadyside Md	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Wm. Wallace Owings	Mary Anne Lydings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	—	Howard Stallings, Shadyside Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X
Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive Cardio Vascular Renal — 10 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 1/8/54

23. BURIAL, CREMATION, REMOVAL, (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/10/54		Edmonds, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 8, 1954	[signature]	[illegible]

VS. A11A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the figures of death clearly and legibly.

MARGIN RESERVED FOR BINDING

6142

00138

MARYLAND — STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie — LENGTH OF STAY (In this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 Second Ave S.W.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) 307 Second Ave. S.W.

3. NAME OF DECEASED (Type or Print): (First) Hallie (Middle) Dayton (Last) Slotter

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 14, 1878

9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Burial Interment Business

11. BIRTHPLACE (State or foreign country): Kenyon W. Va.

12. CITIZEN OF WHAT COUNTRY: U. S.

13. FATHER'S NAME: Riley Fletcher

14. MOTHER'S MAIDEN NAME: Rebecca Dayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Miss Grace Tiddy — 307 Second Ave S.W. Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular Disease. — Interval between onset and death: 5 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Interstitial Nephritis. — 5 yrs

(c) Cerebral Arteriosclerosis. — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 mos.

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

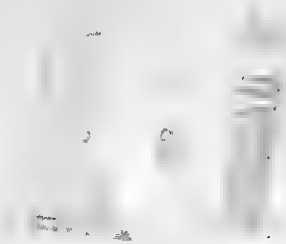
22. I hereby certify that I attended the deceased from ..... 19 54, to Jan 27, 19 54, that I last saw the deceased alive on Jan 27, 19 54, and that death occurred at 12 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm. S. Bevington, M.D. — ADDRESS: 102 Ritchie Ave — DATE SIGNED: Jan. 29, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/1/54 — NAME OF CEMETERY OR CREMATORY: Rose Hill — LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: 1/31/54 — REGISTRAR'S SIGNATURE: L. J. DeAlba

24. FUNERAL DIRECTOR: W. Singleton — ADDRESS: Glen Burnie, Md.



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03139

CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville X; MARYLAND LENGTH OF STAY (in this place) 36 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Harford; STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace; STREET ADDRESS (If rural give location) 514 Revolution Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Cornelia (Middle) (Last) Summons

4. DATE OF DEATH: (Month) 1 (Day) 7 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1906?

9. AGE last birthday: 47? yrs. IF UNDER 1 YEAR Months — Days —; IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William F. Summons

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - -

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Chronic Myocarditis — Interval Between Onset And Death: Known to us since admission

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Generalized Arteriosclerosis — " " " 12/2/53

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - - - - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - - - - - - - - - - - - - - - -

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

CO 140
Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Annapolis A A Co MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis Md; LENGTH OF STAY (in this place) 20 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A A Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Gambrills A A Co Md; STREET ADDRESS (If rural give location) Burns Crossing Rd

3. NAME OF DECEASED: (Type or Print) (First) Colherde (Middle) McKinley (Last) Tester

4. DATE OF DEATH: (Month) Jan (Day) 25 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 8 1906

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Sheet metal

10b. KIND OF BUSINESS OR INDUSTRY: Steel

11. BIRTHPLACE (State or foreign country) Bristol Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Floyd J. Tester

14. MOTHER'S MAIDEN NAME: Ethel M Lovett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 578-10-5109

17. INFORMANT & ADDRESS: Jeanette Tester (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 442X Uremia — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO — (b) arteriosclerotic cardiovascular renal disease — 10 days

DUE TO — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2 ,19 54, to 1/25 , 1954, that I last saw the deceased alive on 1/25 , 1954, and that death occurred at 8:35 PM from the causes and on the date stated above.

SIGNATURE (Degree or title): S. Bosmick M.D. — ADDRESS: Annapolis Md — DATE SIGNED: 1/26/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 29-54 — NAME OF CEMETERY OR CREMATORY: Church of God Cemetery — LOCATION (City, town, or county) (State): Gambrills Md A A Co

DATE REC'D BY LOCAL REGISTRAR: January 27, 1954 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Bernard A Fink — ADDRESS: Glen Burnie Md

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 504 Balto & Annap Blvd NE X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie X
STREET ADDRESS (If rural, give location) 504 Balto - Annap. Blvd NE

3. NAME OF DECEASED: (Type or Print) (First) GROVER (Middle) S (Last) TOME

4. DATE OF DEATH: (Month) JAN (Day) 11 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 7, 1898

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months | Days; IF UNDER 21 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Redline, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Tome

14. MOTHER'S MAIDEN NAME: Tillie Leighart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) ____

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Enda E. Tome - Glen Burnie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

451X

Immediate cause (a) haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

DUE TO

Antecedent cause(s) (b) ruptured aorta

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Moderate Cardiac Decompensation

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/18, 1950, to 1/11, 1954, that I last saw the deceased alive on 1/8, 1954, and that death occurred at 3 P.m., from the causes and on the date stated above.

SIGNATURE Bobby L. Jones, MD. (DEGREE OR TITLE) ADDRESS Glen Burnie Md DATE SIGNED 1/11/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Jan. 14, 1954

NAME OF CEMETERY OR CREMATORY York Cemetery

LOCATION (City, town, or county) York (State) Pennsylvania

DATE REC'D BY LOCAL REG. January 11, 1954

REGISTRAR'S SIGNATURE L. J. D'Alba

24. FUNERAL DIRECTOR H. D. Singleton ADDRESS Glen Burnie Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00142

CERTIFICATE OF DEATH

Reg. Dist. No. .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 5

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton

STREET ADDRESS (If rural give location) Box 5

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Marion (Last) Weed

4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 15, 1866

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: F.L. Meade Laundry

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Harry M. Weed Odenton

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Arterio sclerotic Heart Disease — Interval Between Onset And Death: 3 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Generalized Arterio sclerosis. — 10 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 1946 to Jan 6, 1954, that I last saw the deceased alive on Jan 5, 1954, and that death occurred at 10:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward J. Merritt M.D. — ADDRESS 6 Umbrills — DATE SIGNED 1-7-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF January 9 1954 — NAME OF CEMETERY OR CREMATORY Glenbrook Cemetery — LOCATION (City, town, or county) Odenton (State) Md.

DATE REC'D BY LOCAL REGISTRAR January 9, 1954 — REGISTRAR'S SIGNATURE L. J. De Albert — 25. FUNERAL DIRECTOR T.V. Singleton — ADDRESS Glen Burnie Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
LENGTH OF STAY (In this place) 18y
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 Linwood Road
MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mamie (Middle) Virginia (Last) Jones

4. DATE OF DEATH (Month) January (Day) 13 (Year) 1954

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 12/4/97

9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours M.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Taft

14. MOTHER'S MAIDEN NAME Virginia Boteler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Mildred Jones Edwards 1731 Linwood Road Brooklyn 21, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. WAS EXTERNAL CAUSE (VIOLENCE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY Month (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward Tierney M.D. 130 E. Fort Ave. Balto. 1/14/54

REMOVAL PERMIT (Burial, cremation, removal) DATE THEREOF 1/14/54 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. Jan 13, 1954 REGISTRAR'S SIGNATURE C. A. Hedrick Jr.

24. FUNERAL DIRECTOR Edward Tierney ADDRESS 130 E. Fort Ave.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jones Station
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Herbert (Middle) White (Last) Jr.

4. DATE OF DEATH: (Month) 1 (Day) 26 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: 9-23-1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 4 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert White, Sr.
14. MOTHER'S MAIDEN NAME: Doris White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Herbert White, Sr. - Jones Station, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

Immediate cause (a) Malnutrition, chronic — Interval Between Onset And Death: 4 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral palsy, spastic diplegia due to — 4 mos

DUE TO (c) prematurity

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Jan., 1954, to 26 Jan., 1954, that I last saw the deceased alive on 26 Jan., 1954, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stuart Walker MD
ADDRESS Cawel Hall Annapolis
DATE SIGNED 27 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-28-54
NAME OF CEMETERY OR CREMATORY Carpenter Hill
LOCATION (City, town, or county) Round Bay, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Jan. 28, 1954
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William Reese, II - 108 N. Washington St. Annapolis, Md.
ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00146 21

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis Md. | LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS General Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3Y014
STREET ADDRESS (If rural give location) 1225 East North Ave. ✓

3. NAME OF DECEASED: (First) Cora (Middle) E. (Last) Wieder (Type or Print)

4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W	Widow	Nov. 4, 1879	74 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Allentown Pa.	USA.

13. FATHER'S NAME: Alfred Nagle

14. MOTHER'S MAIDEN NAME: Anna unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		212-16-9120	Mrs. Leroy E. Clubb Arnold Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) congestive heart failure	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) pulmonary metastatic Carcinoma	8 mos
	DUE TO (c) Carcinoma of cervix uteri (epithelial)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gen. carcinomatosis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1 June 10th 53	Ca of cervix	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3 ,1954, to 1-24 ,1954, that I last saw the deceased alive on 1-23 ,1954, and that death occurred at 1:15 A.M. , from the causes and on the date stated above.

SIGNATURE Estelle Roeller (Degree or title) M.D. ADDRESS 45 Franklin St Annapolis DATE SIGNED 1-24-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/26/54	St. Margaret Cemetery	Annapolis Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1-25-54	C. W Hedrick	Henry Sander & Sons Inc. Baltimore Maryland

455 ✓

Henry Sander

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00147

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Green Haven, Md. X
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS No X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Green Haven X
STREET ADDRESS (If rural give location) 3rd Ave. (Rt 3, box 389)

3. NAME OF DECEASED: (Type or Print) (First) HERBERT (Middle) ABELL (Last) YEATMAN

4. DATE OF DEATH: (Month) JAN. (Day) 27 (Year) 19 54

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 3, 1883 3/2
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: Government Emp.
11. BIRTHPLACE (State or foreign country): St. Mary's County, Md.
12. CITIZEN OF WHAT COUNTRY? Yes. USA

13. FATHER'S NAME: William Yeatmann (dec.)
14. MOTHER'S MAIDEN NAME: Mrs Maria Bloom (dec)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 908
17. INFORMANT & ADDRESS: Mrs Jeanette Ritterbush (Step. daughter)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1
(a) acute coronary thrombosis — Interval Between Onset And Death: sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) chronic myocarditis — 2 yrs
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0 none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 0, 19..., to 0, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert F. Manuzak M.D. ADDRESS 901 Edgerly Rd, Glen Burnie, Md DATE SIGNED 27 January 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-30-54
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR 1-28-54
REGISTRAR'S SIGNATURE A.W. Hedrich
24. FUNERAL DIRECTOR Mildred T. Blight ADDRESS 6009 Harford Rd Bank St.

*Note: This patient has been under care of Dr. A. J. Blechman of 3426 Baltimore for the last 2 years for a heart condition.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15